ANIMAL REFERENCE PATHOLOGY

Advancing the art **and** science of veterinary medicine™

IN PARTNERSHIP WITH Pacific Zoo & Wildlife Diagnostics

ARP ACCOUNT #	HOSPITAL/CLINIC	VETERINARIAN	COLLECTION DATE

OWNER NAME: _____ **ANIMAL NAME:** _____

SPECIES: _____ **ANIMAL AGE:** _____ **GENDER:** ☐ M ☐ F **PATIENT ID:** _____

☐ Biopsy ☐ Mini Biopsy (no microscopic description) ☐ Cytology ☐ Mini Cytology (no microscopic description) ☐ Non-diagnostic biopsy/ cytology resubmission (indicate previous ARP accession number below) ☐ Post cytology histopathology (indicate previous ARP accession number below) ☐ Mini (no microscopic description) ☐ Regular

Previous ARP accessions:

☐ Employee biopsy or cytology: ☐ Doctor ☐ Staff

☐ Professional Courtesy Biopsy/Cytology

Pathologist Preference:

☐ Gasper ☐ Other _____

Send results (if not already on file) or duplicate results to:

Name: _____ Fax/Email: _____

SAMPLE SITE/LOCATION	# OF SPECIMENS	EVALUATE MARGINS?		
		STANDARD *Cross Sectional/ Radial Technique*	EXTENSIVE *Serial Sectioning Technique**	EXTENSIVE *Orange Peel Technique**
1.		☐	☐	☐
2.		☐	☐	☐
3.		☐	☐	☐

*Additional fee

HISTORY/LESION DESCRIPTION *(Failure to provide appropriate information may result in delayed results)*

DURATION OF LESION/CLINICAL SIGNS: *(Attach additional pages as necessary)*

FOR MASS LESIONS: Size: _____ Shape: _____ Color: _____ Consistency: _____ Distribution: _____

ARE THERE HUSBANDRY ISSUES RELEVANT TO THE CLINICAL DISEASE? IF SO, PLEASE DESCRIBE:

WORKING CLINICAL DIAGNOSIS: _____

WHAT EXACTLY DO YOU WANT TO KNOW ABOUT THE SUBMITTED SPECIMEN(S)?

Illustrations by Josh Larsen

Reset Form | Save Form | WWW.ANIMALREFERENCEPATHOLOGY.COM | Print Form | Email

525 E 4500 S | Suite F200 | Salt Lake City, Utah 84107 | 800.426.2099 | arpresults@animalreferencepathology.com